

Attorney Recovery System, Inc.

3333 Piedmont Road, Ste, 2050
Atlanta, 30305
Phone: 404-601-7613 Fax: 404-671-9412
E-Mail: genebloom@attorneyrecoveryssystem.com
Web: www.attorneyrecoveryssystem.com

Date: January 29, 2013
Send To: Harris County Tax Assessor-Collector
Attention: Mike Sullivan
Office Location: Houston, Texas
From: Attorney Recovery System
Office Location: Atlanta, Georgia
Phone Number: 404-601-7613

Total Pages Including Cover: 13

Fax

Urgent ☐ Reply ASAP ☐ Please Comment ☐ Please Review ☒ For Your Information ☐

Comments:

Request for Replacement Refund Checks



Request for Replacement Refund Check

Instructions: Please indicate your name, current mailing address, and daytime telephone number in Box 1. Provide the name(s) as shown on the list of outstanding checks. Sign and date the certification and return it to the Tax Office by mail at the below address, or by fax at 713-368-2249. Please call 713-274-8100 with any questions.

Mike Sullivan
Harris County Tax Assessor-Collector
P.O. Box 4520
Houston, Texas 77210-4520

Box 1

Information regarding person or company requesting a replacement refund check

Name	LEE FAMILY TRUST
Address	C/O ATTORNEY RECOVERY SYSTEM P.O. BOX 551104
City, State, ZIP Code	ATLANTA, GA 30355
Telephone Number	561-328-2690

Box 2

Name(s) as shown on the outstanding list	Taxpayer Account			
	Check Number	Number/Vehicle Identification Number	Amount	New Check Number
LEE FAMILY TRUST	1354234	041-028-004-0005 (2005)	\$21,952.11	
LEE FAMILY TRUST	1354235	041-028-004-0005 (2005)	\$25,592.97	
LEE FAMILY TRUST	1354268	041-028-004-0005 (2007)	\$58,021.30	
LEE FAMILY TRUST	1354310	041-028-004-0005 (2006)	\$62,969.77	
LEE FAMILY TRUST	1354311	041-028-004-0005 (2006)	\$ 5,184.83	

Certification

By signing below, I hereby certify that I am the person named above and that I am entitled to the replacement refund check requested. The information I have given on this form is true and correct. I understand that any person who makes a false entry upon this record shall be subject to penalties of perjury.

<i>Heaven Camille Lee</i>	1/25/13
Signature of Applicant	Date

Attorney Recovery System, Inc

3333 Piedmont Road, Suite 2050

Atlanta, GA 30305

Tel: (404)-601-7613

January 25, 2013

Attn: Mike Sullivan
Harris County Tax Assessor Collector
P.O. Box 4520
Houston, TX 77210-4520

Dear Mr. Sullivan:

Enclosed is a copy of the Limited Power of Attorney and other supporting documentation to facilitate the re-issuance of excess proceeds:

Payee Name:	Lee Family Trust
Check Date:	10/13/2010
Check Number:	1354234
Check Amount:	\$21,952.11

As Attorney-in-fact for Lee Family Trust, please mail the excess check in the amount of \$21,952.11 to our corporate office located at the address below:

Lee Family Trust
C/O Attorney Recovery System
PO Box 551104
Atlanta, GA 30355

All supporting documents are attached. Please call with any questions.

Thank You



Gene R. Bloom, President

Attorney Recovery System, Inc

3333 Piedmont Road, Suite 2050

Atlanta, GA 30305

Tel: (404)-601-7613

January 25, 2013

Attn: Mike Sullivan
Harris County Tax Assessor Collector
P.O. Box 4520
Houston, TX 77210-4520

Dear Mr. Sullivan:

Enclosed is a copy of the Limited Power of Attorney and other supporting documentation to facilitate the re-issuance of excess proceeds:

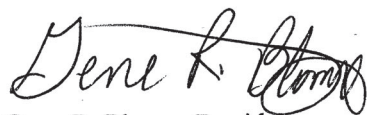
Payee Name:	Lee Family Trust
Check Date:	10/13/2010
Check Number:	1354235
Check Amount:	\$25,592.97

As Attorney-in-fact for Lee Family Trust, please mail the excess check in the amount of \$25,592.97 to our corporate office located at the address below:

Lee Family Trust
C/O Attorney Recovery System
PO Box 551104
Atlanta, GA 30355

All supporting documents are attached. Please call with any questions.

Thank You



Gene R. Bloom, President

Attorney Recovery System, Inc

3333 Piedmont Road, Suite 2050
Atlanta, GA 30305
Tel: (404)-601-7613

January 25, 2013

Attn: Mike Sullivan
Harris County Tax Assessor Collector
P.O. Box 4520
Houston, TX 77210-4520

Dear Mr. Sullivan:

Enclosed is a copy of the Limited Power of Attorney and other supporting documentation to facilitate the re-issuance of excess proceeds:

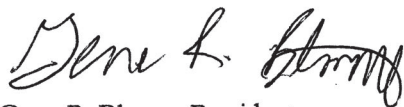
Payee Name:	Lee Family Trust
Check Date:	10/13/2010
Check Number:	1354268
Check Amount:	\$58,021.30

As Attorney-in-fact for Lee Family Trust, please mail the excess check in the amount of \$58,021.30 to our corporate office located at the address below:

Lee Family Trust
C/O Attorney Recovery System
PO Box 551104
Atlanta, GA 30355

All supporting documents are attached. Please call with any questions.

Thank You



Gene R. Bloom, President

Attorney Recovery System, Inc

3333 Piedmont Road, Suite 2050

Atlanta, GA 30305

Tel: (404)-601-7613

January 25, 2013

Attn: Mike Sullivan
Harris County Tax Assessor Collector
P.O. Box 4520
Houston, TX 77210-4520

Dear Mr. Sullivan:

Enclosed is a copy of the Limited Power of Attorney and other supporting documentation to facilitate the re-issuance of excess proceeds:

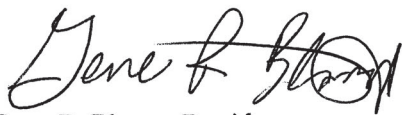
Payee Name:	Lee Family Trust
Check Date:	10/13/2010
Check Number:	1354310
Check Amount:	\$62,969.77

As Attorney-in-fact for Lee Family Trust, please mail the excess check in the amount of \$62,969.77 to our corporate office located at the address below:

Lee Family Trust
C/O Attorney Recovery System
PO Box 551104
Atlanta, GA 30355

All supporting documents are attached. Please call with any questions.

Thank You



Gene R. Bloom, President

Attorney Recovery System, Inc

3333 Piedmont Road, Suite 2050

Atlanta, GA 30305

Tel: (404)-601-7613

January 25, 2013

Attn: Mike Sullivan
Harris County Tax Assessor Collector
P.O. Box 4520
Houston, TX 77210-4520

Dear Mr. Sullivan:

Enclosed is a copy of the Limited Power of Attorney and other supporting documentation to facilitate the re-issuance of excess proceeds:

Payee Name:	Lee Family Trust
Check Date:	10/13/2010
Check Number:	1354311
Check Amount:	\$5,184.83

As Attorney-in-fact for Lee Family Trust, please mail the excess check in the amount of \$5,184.83 to our corporate office located at the address below:

Lee Family Trust
C/O Attorney Recovery System
PO Box 551104
Atlanta, GA 30355

All supporting documents are attached. Please call with any questions.

Thank You



Gene R. Bloom, President

Attorney Recovery System, Inc.

3333 Piedmont Road, Suite 2050

Atlanta, GA 30305

Tel: 404-601-7613

LETTER OF AUTHORIZATION TO RECOVER FUNDS

(LIMITED POWER OF ATTORNEY)

By this letter, Lee Family Trust does hereby appoint Attorney Recovery System, as its exclusive agent, to seek, recover and disburse or cause to be recovered, the undistributed, unclaimed, un-cashed or undelivered tenders of funds of Lee Family Trust, in the amount of \$ 21,952.11 held by any federal, provincial, state or other government entity, or agency or subdivision thereof. This letter further empowers Attorney Recovery System, to affix my signature as Lee Family Trust representative to any government affidavit.

Lee Family Trust (Payee) has entered into an arrangement with or has relationship to Attorney Recovery System, (Depositor", pursuant to which Payee and Depositor desire that checks, drafts, and other instruments payable to payee, or account of Depositor (collectively, Payee Items", will be deposited in any account of Depositor in Bank.

Attorney Recovery System, as attorney-in-fact, may not make any expenditure or incur any costs on behalf of Lee Family Trust and hereby indemnifies itself from any and all claims, which may be asserted because of such disbursement.

Signature: _____

Print Name: _____

ACKNOWLEDGMENT OF NOTARY PUBLIC

State of: _____

County of: _____

On the 25th day of Jan, 20 13, before me, the undersigned, a Notary Public in and for said State, personally appeared Susan Camille Lee, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her capacity, and that by his or her signature on the instrument, the individual, or the entity upon behalf of which the individual acted, executed the instrument.

NOTARY:

Signature: _____



Attorney Recovery System, Inc.

3333 Piedmont Road, Suite 2050

Atlanta, GA 30305

Tel: 404-601-7613

LETTER OF AUTHORIZATION TO RECOVER FUNDS

(LIMITED POWER OF ATTORNEY)

By this letter, Lee Family Trust does hereby appoint Attorney Recovery System, as its exclusive agent, to seek, recover and disburse or cause to be recovered, the undistributed, unclaimed, un-cashed or undelivered tenders of funds of Lee Family Trust, in the amount of \$ 25,592.97 held by any federal, provincial, state or other government entity, or agency or subdivision thereof. This letter further empowers Attorney Recovery System, to affix my signature as Lee Family Trust representative to any government affidavit.

Lee Family Trust (Payee) has entered into an arrangement with or has relationship to Attorney Recovery System, (Depositor", pursuant to which Payee and Depositor desire that checks, drafts, and other instruments payable to payee, or account of Depositor (collectively, Payee Items", will be deposited in any account of Depositor in Bank.

Attorney Recovery System, as attorney-in-fact, may not make any expenditure or incur any costs on behalf of Lee Family Trust and hereby indemnifies itself from any and all claims, which may be asserted because of such disbursement.

Signature: _____

Print Name: _____

ACKNOWLEDGMENT OF NOTARY PUBLIC

State of: Florida)

County of: Palm Beach)

On the 25th day of Jan, 20 13, before me, the undersigned, a Notary Public in and for said State, personally appeared Susan Camille Lee, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her capacity, and that by his or her signature on the instrument, the individual, or the entity upon behalf of which the individual acted, executed the instrument.

NOTARY:

Signature: _____



Attorney Recovery System, Inc.

3333 Piedmont Road, Suite 2050
Atlanta, GA 30305
Tel: 404-601-7613

LETTER OF AUTHORIZATION TO RECOVER FUNDS (LIMITED POWER OF ATTORNEY)

By this letter, Lee Family Trust does hereby appoint Attorney Recovery System, as its exclusive agent, to seek, recover and disburse or cause to be recovered, the undistributed, unclaimed, un-cashed or undelivered tenders of funds of Lee Family Trust, in the amount of \$ 62,969.77 held by any federal, provincial, state or other government entity, or agency or subdivision thereof. This letter further empowers Attorney Recovery System, to affix my signature as Lee Family Trust representative to any government affidavit.

Lee Family Trust (Payee) has entered into an arrangement with or has relationship to Attorney Recovery System, (Depositor", pursuant to which Payee and Depositor desire that checks, drafts, and other instruments payable to payee, or account of Depositor (collectively, Payee Items", will be deposited in any account of Depositor in Bank.

Attorney Recovery System, as attorney-in-fact, may not make any expenditure or incur any costs on behalf of Lee Family Trust and hereby indemnifies itself from any and all claims, which may be asserted because of such disbursement.

Signature:

Susan Camille Lee

Print Name:

Susan Camille Lee

ACKNOWLEDGMENT OF NOTARY PUBLIC

State of: Florida)

County of: Palm Beach

On the 25th day of Jan, 20 13, before me, the undersigned, a Notary Public in and for said State, personally appeared Susan Camille Lee, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her capacity, and that by his or her signature on the instrument, the individual, or the entity upon behalf of which the individual acted, executed the instrument.

NOTARY:

Signature:

[Signature]



Attorney Recovery System, Inc.

3333 Piedmont Road, Suite 2050
Atlanta, GA 30305
Tel: 404-601-7613

LETTER OF AUTHORIZATION TO RECOVER FUNDS (LIMITED POWER OF ATTORNEY)

By this letter, Lee Family Trust does hereby appoint Attorney Recovery System, as its exclusive agent, to seek, recover and disburse or cause to be recovered, the undistributed, unclaimed, un-cashed or undelivered tenders of funds of Lee Family Trust, in the amount of \$ 58,021.30 held by any federal, provincial, state or other government entity, or agency or subdivision thereof. This letter further empowers Attorney Recovery System, to affix my signature as Lee Family Trust representative to any government affidavit.

Lee Family Trust (Payee) has entered into an arrangement with or has relationship to Attorney Recovery System, (Depositor", pursuant to which Payee and Depositor desire that checks, drafts, and other instruments payable to payee, or account of Depositor (collectively, Payee Items", will be deposited in any account of Depositor in Bank.

Attorney Recovery System, as attorney-in-fact, may not make any expenditure or incur any costs on behalf of Lee Family Trust and hereby indemnifies itself from any and all claims, which may be asserted because of such disbursement.

Signature: _____

Print Name: _____

ACKNOWLEDGMENT OF NOTARY PUBLIC

State of: Florida)

County of: Palm Beach)

On the 25th day of Jan, 20 13, before me, the undersigned, a Notary Public in and for said State, personally appeared Susan Camille Lee, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her capacity, and that by his or her signature on the instrument, the individual, or the entity upon behalf of which the individual acted, executed the instrument.

NOTARY:

Signature: _____



Attorney Recovery System, Inc.

3333 Piedmont Road, Suite 2050
Atlanta, GA 30305
Tel: 404-601-7613

LETTER OF AUTHORIZATION TO RECOVER FUNDS (LIMITED POWER OF ATTORNEY)

By this letter, Lee Family Trust does hereby appoint Attorney Recovery System, as its exclusive agent, to seek, recover and disburse or cause to be recovered, the undistributed, unclaimed, un-cashed or undelivered tenders of funds of Lee Family Trust, in the amount of \$ 5,184.83 held by any federal, provincial, state or other government entity, or agency or subdivision thereof. This letter further empowers Attorney Recovery System, to affix my signature as Lee Family Trust representative to any government affidavit.

Lee Family Trust (Payee) has entered into an arrangement with or has relationship to Attorney Recovery System, (Depositor", pursuant to which Payee and Depositor desire that checks, drafts, and other instruments payable to payee, or account of Depositor (collectively, Payee Items", will be deposited in any account of Depositor in Bank.

Attorney Recovery System, as attorney-in-fact, may not make any expenditure or incur any costs on behalf of Lee Family Trust and hereby indemnifies itself from any and all claims, which may be asserted because of such disbursement.

Signature: _____

Print Name: _____

ACKNOWLEDGMENT OF NOTARY PUBLIC

State of: Florida)

County of: Palm Beach)

On the 25th day of Jan, 2013, before me, the undersigned, a Notary Public in and for said State, personally appeared Susan Camille Lee, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her capacity, and that by his or her signature on the instrument, the individual, or the entity upon behalf of which the individual acted, executed the instrument.

NOTARY:

Signature: _____



LEE FAMILY TRUST

Susan Camille Lee, TTEE
Trustee

Phone: 561 328 2690

Fax: 561 328 2697

11420 US Highway 1, #128 North Palm Beach, FL 33408